



**Child Health Record**

In order for your child to attend Crossroads School, one of the following must be presented when your child is admitted to the preschool program.

**Check Only One Option:**

\_\_\_ 1. Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

**\*\*\*Must be completed by a healthcare professional\*\*\***

|                                     |               |
|-------------------------------------|---------------|
| _____                               | _____         |
| Child's Name                        | Date of Birth |
| _____                               | _____         |
| Signature - Healthcare Professional | Date          |
| _____                               |               |
| Address of Healthcare Professional  |               |

\_\_\_ 2. A signed and dated copy of a healthcare professional's statement is attached.

\_\_\_ 3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

|                                 |       |
|---------------------------------|-------|
| _____                           | _____ |
| Signature of Parent or Guardian | Date  |

Does this child have any known allergies? \_\_\_\_\_

Please list any medications this child is taking that the staff needs to be aware of:

\_\_\_\_\_

Does this child have any special needs of which the staff needs to be aware of:

\_\_\_\_\_

**(Please continue to page 2)**

**Children four years old and up must have Hearing and Vision Exam Results on File**

**Hearing**      Pass                      Fail

|       |                 |        |        |        |
|-------|-----------------|--------|--------|--------|
| Ear   |                 | 1000Hz | 2000Hz | 4000Hz |
| Right | ___Pass ___Fail |        |        |        |
| Left  | ___Pass ___Fail |        |        |        |

**Vision**              Pass                      Fail

|               |              |
|---------------|--------------|
| Right Eye 20/ | Left Eye 20/ |
|---------------|--------------|

\_\_\_\_\_ Date \_\_\_\_\_  
Signature - Healthcare Professional

Attach a copy of your child’s most recent Immunization Record.

Immunization Records *must* be on file for your child to attend Crossroads School.